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23599 MILLEN, WHI 2200 CLARENE SUITE 1400 ARLINGTON, V	I he Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
ARLINGTON, V	7 A 22201							(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/578,772	01/22/2007		Yelena Loginova		GULDE-0070			6203
TITLE OF INVENTION	: MASCARA CONTAIN	∤NG FIBER COMPONE	ENTS					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	FOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1510	\$300	\$0 <b>7</b>		\$1810		09/13/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	J				
VENKAT, JYOTHSNA A		1619	424-405000  2. For printing on the					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI COTY B.V.	less an assignee is ident th in 37 CFR 3.11. Com	A TO BE PRINTED ON ified below, no assignee pletion of this form is NC	THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for I a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  HARRLEM, NETHERLANDS					
Please check the approp	riate assignee category o	r categories (will not be p	rinted on the patent):	Individual 🛛 C	Corporation	or other private gr	oup en	tity 🔲 Government
			<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3402 (enclose an extra copy of this form).</li> </ul>					
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Authorized Signature	<sub>e</sub> /Jennifer J	Date August 16, 2011						
Typed or printed nar	<sub>me</sub> <u>Jennifer J</u>	Registration No. 40,921						
			ion is required to obtain of 1.14. This collection is a y depending upon the inche Chief Information Offi COMPLETED FORMS espond to a collection of its coll					